



January 2024

Cigna Healthcare pharmacy clinical update

Plan affordability and prescription drug access are strategic imperatives for our clients and for Cigna HealthcareSM. Our low net drug cost approach removes or manages select high-priced, low-value drugs where clinically appropriate alternatives are available – regardless of drug company incentives or rebates. For January 2024, we will make changes to achieve better drug affordability and improved pharmacy plan performance with low impact to customers.



January 2024 clinical drug changes¹

Our latest formulary changes expand choice, encourage the use of generics and preferred alternatives, and offer tighter controls through comprehensive drug review and actions. They include:

Promoting generics

- Cardiovascular medications
- Antidepressant medications
- Glaucoma drugs

Removing egregiously priced drugs

- Removing 39 high-cost, low-value drugs where clinically appropriate alternatives are available⁴

Promoting low net-cost drug options

- Diabetes
- Growth hormone
- Hepatitis C
- Asthma

Supporting our biosimilar drug strategy

- Cancer
- Inflammatory conditions



Together, these actions impact less than 1% of membership² and achieve an average savings of

\$2.04 PMPM³



Summary of January 1, 2024 formulary changes

Changes apply to Cigna Healthcare's Standard, Performance, Value, Advantage and Legacy formularies as noted. These highlights do not reflect the entire list of Cigna Healthcare's January 2024 drug changes. For drug-specific changes, please request a customer formulary change flyer.

Specialty drugs: Cancer

Goal: Supporting our biosimilar drug strategy

- **Ogivri**, a biosimilar to Herceptin used to treat certain types of cancer, is being added to the medical benefit*
- **Ziextenzo**, a biosimilar to Neulasta used to increase white blood cells after certain chemotherapy treatments, will no longer be available through medical channels due to a manufacturer decision and will no longer be a covered, preferred biosimilar
- Adding **Udenyca** as a preferred biosimilar to Neulasta under the medical and pharmacy benefits
- *Note:* According to the FDA, no clinically meaningful differences exist between an originator biologic and its biosimilar(s)

Specialty drugs: Inflammatory conditions

Goal: Supporting our biosimilar drug strategy

New biosimilars for **Humira** are being added as preferred brands on all Cigna Healthcare commercial formularies except where noted effective September 2023

- **Humira** will continue to be a preferred brand
- **Cyltezo** the first FDA-approved interchangeable biosimilar to Humira; low-concentration formulation and citrate free
- **Adalimumab-adaz** a low wholesale acquisition cost (WAC) option; high concentration formulation and citrate free
- **Hyrimoz** high concentration formulation, citrate free
- **Hadlima** high and low concentration formulations, with and without citrate, that are low WAC options
 - > *Note:* Hadlima is only covered on Value/Advantage formularies

Specialty drugs: Growth hormones

Goal: Promoting low net-cost options

- **Humatrope** and **Norditropin** are daily injectable growth hormone replacements that are moving to a non-covered status⁴
- The covered alternatives contain the same active ingredient, somatropin

Specialty drugs: Hepatitis C

Goal: Promoting low net-cost options

- Oral antivirals used to treat hepatitis C
- Removing higher net-cost products, including **Mavyret** and the authorized generics for **Epclusa** and **Harvoni** to drive use of lowest net cost option, **branded Epclusa**⁴
- Current utilizers will be allowed to complete therapy but may see an increased cost share depending on plan design

Asthma**

Goal: Promoting low net-cost options

- **Flovent** products are being removed from the market and will no longer be on our formularies
- Adding new preferred brands, **Alvesco** and **Asmanex**
- Legacy formularies: Same changes apply

Antidepressants**

Goal: Promoting generics

- **Prozac** is used to treat depression and certain types of anxiety
- It is a multisource brand with an FDA-approved generic equivalent (fluoxetine)
- Moving to a non-covered status⁴
- Legacy formularies: Moving to prior authorization
- Branded Celexa, Paxil, Paxil CR, Prozac, and Zoloft will be removed from the Preventive Drug list; generic versions will remain on the Preventive Drug List

Cardiovascular conditions**

Goal: Promoting generics

- **Toprol XL** is a beta blocker used to treat high blood pressure and heart failure
- It is a multisource brand with an FDA-approved generic equivalent (metoprolol succinate)
- Moving to a non-covered status⁴
- Legacy formularies: Moving to prior authorization

Diabetes/Insulin

Goal: Promoting low net-cost options, including several products that are minimum cost to customers

- **Humalog U-100 vials** are insulin injections used to treat diabetes
 - > It is a single source brand with an FDA-approved unbranded biologic equivalent (lispro) and will move to non-covered status
 - > Legacy formularies: Moving to prior authorization
- **Insulin lispro products, including 100 unit/mL, Junior and Mix KwikPens** – insulin injections used to treat diabetes
 - > These are unbranded biologic equivalents to Humalog products
 - > Moving to preferred brand status on Standard, Performance, and Legacy formularies (already preferred on Value and Advantage)
- **Levemir** is a long-acting insulin analog and is moving to non-covered
 - > Covered alternatives include:
 - Tresiba, Semglee (YGFN), and insulin glargine (YFGN) on Standard, Performance and Legacy formularies
 - Tresiba, Basaglar, and Rezvoglar on Value and Advantage formularies
 - > Legacy formularies: Moving to prior authorization

Diabetes/GLP-1 Agonists

Goal: Promoting low net-cost options

- **Victoza** is an injected medication used to treat Type 2 diabetes
- It is a single source brand
- Moving to a non-covered status⁴
- Excludes pediatric customers (under age 18)
- Legacy formularies: Moving to prior authorization

Egregiously priced drugs

Goal: Protecting against low value, high cost products

- Removal of 39 drugs that have a significant cost inflation or are otherwise inappropriately priced compared to alternative products; low customer impact⁴
- Covered alternatives exist for all impacted products
- Legacy formularies: Adding prior authorization

Glaucoma**

Goal: Promoting generics

- **Timoptic** is used to treat glaucoma
- It is a multisource brand with an FDA-approved generic equivalent (timolol)
- Moving to a non-covered status⁴
- Legacy formularies: Moving to prior authorization



Customer communications

Less than 1% of customers will be affected by these changes.¹

We will send letters and emails to impacted customers in early October 2023. Reminder notifications will release in early November 2023 and again in January 2024. Other materials are available at client request, such as formulary-specific flyers for customers and formulary PDFs.

Health care provider communications

To build awareness and help impacted providers talk with their Cigna Healthcare patients, we will:

- Send patient-specific letters that outline key formulary changes and covered drug alternatives
- Post information on our provider portal
- Include an article in provider newsletter



Our priority is to maintain affordability for our clients and customers, now and in the future. We will continue to make clinical drug enhancements across medical and pharmacy benefits to help drive sustainable cost savings while improving both medication adherence and health outcomes.



*For Performance, Advantage and Legacy Performance formularies, Ogivri will process on the medical and pharmacy benefit.

** This is one example of drugs in this category. For full changes please request a customer formulary change flyer.

1. State laws in Connecticut, New York, Texas and Louisiana may require plan to cover medication at current benefit level until your plan renews. This means that if medication is taken off the drug list, is moved to a higher cost-share tier or needs approval from Cigna before plan will cover it, these changes may not begin until plan's renewal date. State law in Illinois may require plan to cover medications at current benefit level until plan renews. This means that if member currently has approval through a review process for plan to cover medication, the drug list change(s) listed here may not affect member until plan renewal date. If member doesn't currently have approval through a coverage review process, member may continue to receive coverage at current benefit level if doctor requests it.
2. Cigna Healthcare National Book of Business estimate of customers disrupted by 1/1/24 formulary changes.
3. For clients using Standard, Performance, Value or Advantage formularies. Cigna Healthcare National Book of Business pricing analysis estimating value of January 2024 drugs under medical benefit, under pharmacy benefit (formulary) and UM changes (for clients that adopt Cigna Healthcare's UM packages or Cigna Healthcare specialty UM). Results may vary. PMPM = per member, per month. This PMPM estimate does not include the projected savings from the Humira biosimilar strategy.
4. If a customer and/or prescriber believes any of the products that will no longer be covered as preferred options are medically necessary, then Cigna Healthcare will review requests for a medical necessity exception.

This document is intended to provide current information as of the time it was published. It does not supersede contractual obligations and other detailed plan documents or contracts. This information is subject to change.

Health benefit plans vary, but in general to be eligible for coverage a drug must be approved by the Food and Drug Administration (FDA), prescribed by a health care professional, purchased from a licensed pharmacy and medically necessary. If your plan provides coverage for certain prescription drugs with no cost-share, the customer may be required to use an in-network pharmacy to fill the prescription or the prescription may not be covered or reimbursement may be limited by your plan's copayment, coinsurance or deductible requirements.

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